

~~BEST AVAILABLE COPY~~

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>(S) 67740</i>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/						51	/			
2		/					52	/			
3		/					53	/			
4		/					54	/			
5		/					55		/		
6		/					56		/		
7		/					57		/		
8	/						58		2		
9		/					59		2		
10		/					60		2		
11		/					61		2		
12		/					62		2		
13		/					63		2		
14		/					64		2		
15		/					65	/	2		
16		/					66		/		
17		/					67		/		
18		/					68		/		
19		/					69		/		
20		/					70		/		
21		/					71	/			
22		3					72		/		
23		3					73		/		
24		3					74		2		
25		3					75		/		
26		3					76		/		
27		1					77		/		
28		1					78		/		
29		1					79		/		
30		1					80		/		
31		1					81		/		
32		3					82		/		
33		3					83		/		
34		3					84		/		
35		3					85		/		
36		1					86		/		
37		1					87		/		
38		1					88		1		
39		2					89		/		
40		2					90				
41		2					91				
42		2					92				
43		2					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				